

**MIAMI-DADE COUNTY
SCHEDULE FOR PARTICIPATION**

Instructions for Contractors: Complete this form for each participating DBE subcontractor.

DBE INFORMATION:

1. DBE Name _____

2. DBE Address_____

3. DBE Type: Women_____ Men_____

DBE Ethnicity: Black___ Hispanic___ White___ Other(specify)_____

PROJECT INFORMATION:

4. Project Name: _____ Bid/Project No. _____

ASSIGNMENTS TO DBE:

5. General type of work to be performed by DBE: _____

6. Percentage of total Bid/Proposal Amount Committed to this DBE: _____%

7. If overall award to this DBE is based on Unit Price, list each subcontracted bid item:

Approximate Number of Units	Unit Price	Total Dollar Amount
_____	_____	_____
_____	_____	_____

8. Assignment Projected Start Date: _____ and End Date: _____

The undersigned agrees to insert all Affirmative Action Requirements of this Contract in each subcontract and assumes responsibility for same as to any lower tier subcontracts.

Authorized Signature

Print Name

Date

Name of Contractor